Date of Deposit: December 17, 2003

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mall P st Office t Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Guy Beardsley
Printed name of person mailing correspondence

Signature of person mailing correspondence

| Printed name of person mailing correspondence Signature of person mailing dorrespondence | | | |
|--|--------------------------------------|---|--|
| UTILITY PATENT | APPLICATION TRANSMIT | TAL UNDER 37 C.F.R. § 1.53(b) | |
| Attorney Docket Number | 04843/117002 | 04843/117002 | |
| Applicant | Perry Renshaw et al. | Perry Renshaw et al. | |
| Title | COMPOUNDS FOR TH SLEEP/WAKE CYCLE | COMPOUNDS FOR THE NORMALIZATION OF THE SLEEP/WAKE CYCLE | |
| PRIORITY INFORMATION: | | | |
| :This application claims the ber 60/435,457, filed December 20 | | ed States provisional patent application | |
| SMALL ENTITY STATUS: | | , | |
| ■ Applicant claims small entity | status under 37 C.F.R. § 1.3 | 27. | |
| APPLICATION ELEMENTS: | | | |
| Cover sheet | | 1 page | |
| Specification | | 13 pages | |
| Claims | | 3 pages | |
| Abstract | | 1 pages | |
| Drawings | | 3 sheets | |
| Combined Declaration and Power of Attorney, which is: | | 2 pages | |
| ■ Unsigned; | | | |
| Sequence Statement | | | |
| Sequence Listing on Paper | | | |
| Sequence Listing on Diskette | | | |
| Preliminary Amendment | | | |
| Information Disclosure Statement | | | |
| Form PTO 1449 | | | |
| Cited References | | | |
| Recordation Form Cover Sheet and Assignment | | | |
| English Translation | | | |
| Certified Copy of Priority Docu | ment | | |
| Non-publication Request under | r 35 U.S.C. § 122(b). | | |

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|---|--|
| Request for Deferral of Examination under 37 C.F.R. § 1.103(d) | |
| A Small Entity Statement | |
| Return Receipt Postcard | 1 |
| FILING FEES: | |
| Basic Filing Fee: \$385 | \$385.00 |
| Excess Claims Fee: (18-20) x \$9 | \$0 |
| Excess Independent Claims Fee: (3-3) x \$43 | \$0 |
| Multiple Dependent Claims Fee: \$145 | \$0 |
| Total Fees: | \$385.00 |
| ■ Enclosed is a check for \$385.00 to cover the total fees. | |
| ■ Please apply any other charges or any credits to Depo | sit Account No. 03-2095. |
| CORRESPONDENCE ADDRESS: | |
| Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 101 Federal Street Boston, MA 02110 | Telephone: 617-428-0200 Facsimile: 617-428-7045 |
| CUSTOMER NO.: 21559 | |
| Signature S | 17 December 2003 Date |

F:\04843\04843.117002 Utility Application Transmittal 37 C.F.R. § 1.53(b).doc

The PTO did not receive the following listed item(s) Sheell (3.385 but \$\frac{110}{10}\$.